

Kempshott Infant School

“Learning Together, Achieving the Extraordinary!”

Supporting Pupils at School with Medical Conditions Policy



Name of School:	Kempshott Infant School
Name of Responsible Manager/Head Teacher:	Nicola Potter
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Introduction

Section 100 of The Children and Families Act 2014 places a duty on the governing body of this school to make arrangements for supporting children at their premise with medical conditions. The Department of Education have produced statutory guidance ‘Supporting Pupils with Medical Conditions’ and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is our policy to ensure that all medical information will be treated confidentially by the Head Teacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Key Roles & Responsibilities

Statutory Requirement: The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.

The Governing Body

Governing bodies must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.

They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Governing bodies should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.

They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The Head Teacher

Head Teachers should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.

Head Teachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

Head Teachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

Teachers and Support Staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The School Link Nurse/Matron

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.

They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school.

Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions. If a child refuses to take medication the parents/carers will be informed at the earliest available opportunity.

Parents/Carers

Parents/Carers should provide the school with sufficient and up-to-date information about their child's medical needs. Year R and pupils new to the school will complete medical information on Arbor (the school's information system). Parents/Carers will notify the school if their child develops a medical condition. Parents/Carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local Arrangements

Identifying children with health conditions

Statutory Requirement: The Governing body will ensure that the policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use the Health Questions on ARBOR (see appendix E) to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly.

Process for identifying children with medical conditions:

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents/carers.

Individual health care plans

Statutory Requirement: The Governing body will ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development in supporting children at school with medical conditions.

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the Head/Class Teacher to work with parents/carers and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) is initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The Head/Class Teacher will work in partnership with the parents/carers, and a relevant healthcare professional eg. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' (Appendix F) for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We will use our school individual healthcare plan Google form (Appendix A)

If a child is returning following a period of hospital education or alternative provision (including home tuition), that we will work with Hampshire County Council and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Statutory Requirement: The governing body should ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social well-being and minimise disruption.

Individual Health Care plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They are developed with the child's best interests in mind and assess and manage risks to the child's education, health and social well-being and minimises disruption.

Statutory Requirement: When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;

- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents/carers and the Head Teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Staff training

Statutory Requirement: The Governing Body should ensure that this policy clearly sets out how staff will be supported in carrying out their role to support children with medical conditions, and how this will be reviewed. It should specify how training needs will be assessed and by whom training will be commissioned and provided.

The school policy should be clear that any member of school staff providing support to a child with medical needs should have received suitable training.

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans)

All new staff will be inducted on the policy when they join the school through the school induction process. Records of this training will be stored in the training records folder.

All staff will be provided awareness training on for supporting children with specific medical conditions e.g. diabetes. The Administration of Medication course is completed on Educare periodically by all staff. The Educare Understanding Asthma and Understanding Anaphylaxis courses will be completed annually by all staff.

We will retain evidence that staff have been provided the relevant awareness training by signature sheets held in staff training folder, the training spreadsheet and a reporting portal in Educare.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions.

The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A 'Staff training record– administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

Managing medicines on School Premises

Statutory Requirement: The Governing Body will ensure that the school's policy is clear about the procedures to be followed for managing medicines.

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents/carers to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Head Teacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (Appendix D - 'Parental agreement for setting to administer medicines' form will be used to record this), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents/carers. In such cases, we will make every effort to encourage the child or young person to involve their parents/carers while respecting their right to confidentiality.

A documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used is attached in appendix B.

The name of the child, dose, expiry and shelf-life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication the parents/carers will be informed at the earliest available opportunity.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

As our children are too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.

Controlled drugs will be securely stored in which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school.

Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

We will only administer non-prescribed medicines:

- where there is a clear clinical need
- on request from the parent
- if they are in clearly identifiable packaging and only on a short term basis
- a discussion has been had with the Head Teacher.

Where the school have concerns they will seek further guidance from their link School Nurse.

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor. All other prescribed pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents/carers.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Head Teacher.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

Storage

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premise.

Where medicines need to be refrigerated, they will be stored in the O.S.R. refrigerator, clearly labelled. There must be restricted access to a refrigerator holding medicines.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

Disposal

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Daily Medication returned to parents/carers will be documented on the tracking medication form (Appendix B).

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through Suez who will remove them from site when required.

Medical Accommodation

Inhalers will be administered in a quiet area, away from other children when and where needed.

Record keeping

Statutory Requirement: The governing body should ensure that written records are kept of all medicines administered to children.

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form (Appendix C). The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

Emergency Procedures

Statutory Requirement: The Governing body will ensure that the school's policy sets out what should happen in an emergency situation.

As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within the UK.

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie, informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

Day trips/off site activities

Statutory Requirement: *The Governing body should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.*

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

Schools should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Other issues

The school has a number of trained First Aiders all of who are trained in the use of CPR. Our two first aid at work trained staff have been trained to use the on-site defibrillator, located in the O.S.R. The Circuit, the National Defibrillator Network, have been informed of its location.

All staff are trained in the use of asthma inhalers and we have a Salbutamol Inhaler for emergency use located in the school office.

Unacceptable practice

Statutory Requirement: The governing body will ensure that the school's policy is explicit about what practice is not acceptable.

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, eg. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips eg. by requiring parents to accompany the child.

Liability and Indemnity

Statutory Requirement: The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk

Staff at the school are indemnified under the County Council self-insurance arrangements.

The County Council's is self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or under-take a medical procedure to children.

To meet the requirements of the indemnification, we will ensure that staff at the school have parents/carers permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

Complaints

Statutory Requirement: The governing body will ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

Should parents/carers or children be dissatisfied with the support provided they can discuss their concerns directly with the Head Teacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

**Kempshott Infant School is a place where everyone is welcome,
differences are celebrated and everyone belongs!**

Appendices

- A. Individual Health Care Plan – Google Form
- B. Tracking Medication Form
- C. Record of prescribed medicines administered to a child form
- D. Parental agreement for school to administer medicine
- E. Health Questionnaire
- F. Process for identifying children with a health condition – Google Form
- G. Contacting emergency services

Appendix A: individual healthcare Plan (IHP)

Kempshott Infant School – Microsoft form

You have identified that your child has a healthcare requirement that needs to be supported in school. This form has been sent to you to ensure your child's requirements are met, so **please give as much information as possible**. Please keep a copy of this form for your own records (you will be given the option to save your response, at the end of the form).

Any subsequent changes will need to be re submitted on another form (a new link can be sent to you on request).

- Indicates required answer

1. Parent email address *
2. Child's first and last name *
3. Your child's class *

Linnet
Woodpecker
Skylark
Chaffinch
Robin
Wren
Puffin
Kingfisher
Heron

4. Child's date of birth * -----
5. Child's address * _____
6. Medical diagnosis/condition *

Asthma
Diabetes
Nut allergy
Other: _____

7. If you have answered 'Other' to the question above, please give details here:
8. Date of this diagnosis * _____
9. Medical review date * _____
10. Please describe your child's medical needs, symptoms, triggers etc *
11. Name of medication (1) that will be left at school to be taken during the school day. Please note, medicines must be in the original container (including box), as dispensed by the pharmacy (with pharmacy label).
12. Name of medication (2) that will be left at school to be taken during the school day. Please note, medicines must be in the original container (including box), as dispensed by the pharmacy (with pharmacy label).
13. (For asthma inhaler users only) Please confirm you give permission for your child to use the school Salbutamol Sulfate (Ventolin) inhaler, in an emergency situation.

14. (For EpiPen/Autoinjector users only) Please tick to confirm you will check your child's school EpiPen monthly, to confirm it is still safe to use (liquid has not gone cloudy).
15. I confirm that it is my responsibility to keep a record of my child's medication expiry dates and to replace out of date medication.
16. Please state the time(s) medication(s) should be given.
17. Please state times and dosage for medication(s) * _____
18. Is medication needed before certain activities e.g. PE or playtime? * _____
19. Are there any side effects, special precautions or other instructions that the school needs to know about? * _____
20. If symptoms do not improve after medication has been given, what action should be taken by school staff? Please state. * _____
21. Describe what constitutes an emergency for the child and what action must be taken if this occurs? Please state. * _____
22. Does your child need any special arrangements for school trips/off site activities? Please state. * _____
23. Name of Clinic/Hospital contact/Consultant (establishment and contact name) *
24. Phone number for medical contact * _____
25. By submitting this form, you are confirming that the above information is, to the best of your knowledge, accurate at the time of writing and give consent to school staff administering medicine in accordance with the school policy**. You confirm that you will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. You recognise that school staff are not medically trained, and that it is your responsibility to remember to replace out of date medication. **Supporting pupils with medical conditions - copy on school website. Parent confirmation and consent
26. Parent first and last name(s) * _____
27. Parent(s) daytime contact number(s) * _____

Appendix C: Record of Medicine administered to an individual child

Kempshott Infant School

Name of Child:

Name of medicine:

Date
Time given
Dose given
Staff initials

Date
Time given
Dose given
Staff initials

Date
Time given
Dose given
Staff initials

Date
Time given
Dose given
Staff initials

Date
Time given
Dose given
Staff initials

Date
Time given
Dose given
Staff initials

Appendix D: Parental agreement to administer medicine

Parental agreement to administer medicine (no IHP required)

The school cannot give your child medicine unless you complete and sign this form.

Name of child

Date of birth

Class

Medical condition or illness

Medicines must be in the original container, as dispensed by the pharmacy

Name/type of medicine
(as described on the container)

Expiry date for our records*

Dosage

Time of day

Other instructions

Are there any side effects that the school needs to know about?

*** I recognise that school staff are not medically trained, and that it is my responsibility to remember to replace out of date medication.**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Name of person completing the form

Relationship to child

Signature

Date

APPENDIX E - Health Questionnaire – On Arbor

Medical Information

It is important that we support all children with medical conditions to access their education. Some children with medical conditions may need support or medication during the school day. Parents complete a section on ARBOR before their child starts at Kempshott Infant School.

The questions are:

The medical condition/health concern that needs to be managed during the school day (Choose from a condition from the drop down box)

Quick Summary Enter information

The Severity of the medical condition (Choose from drop down box)

Symptoms

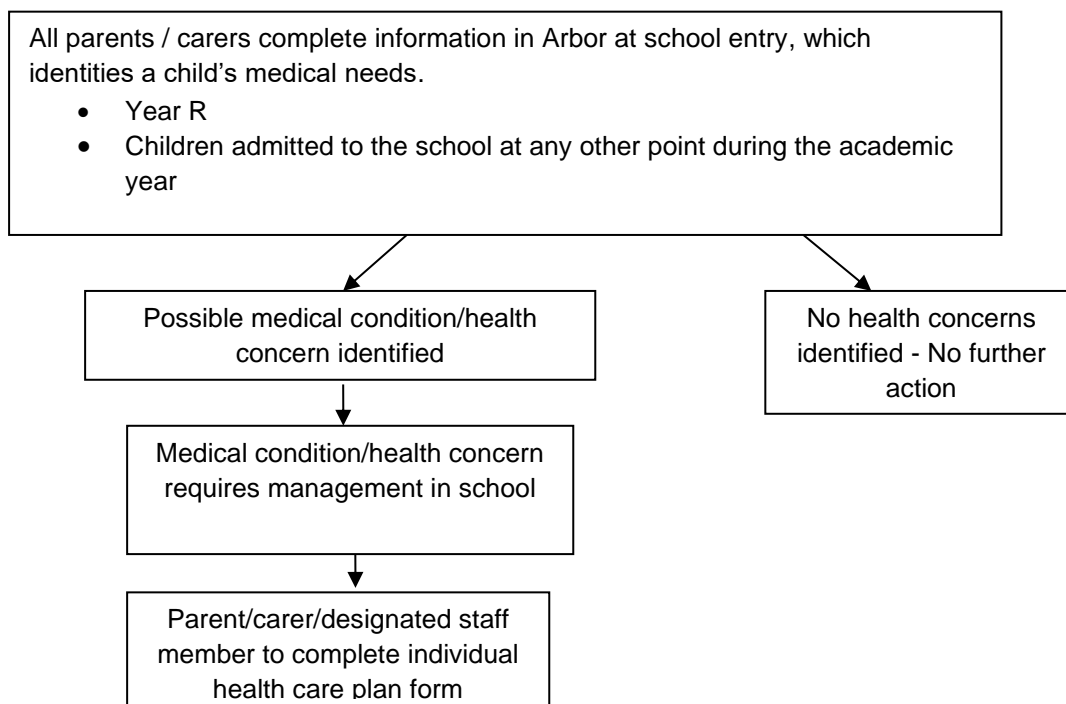
Treatment

Start and end date.....

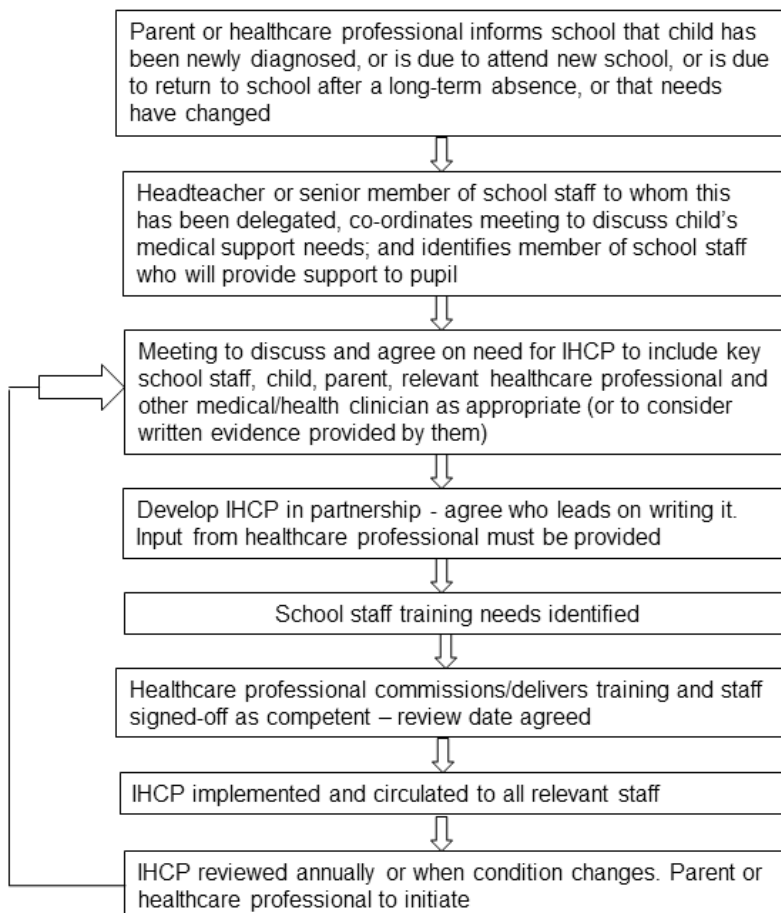
Appendix F: Process for identifying children with a health condition

Suggested process for identifying children or young people with a medical condition that may require support in school

Not all children with a health condition will require a health care plan in school however the form will help schools to ascertain which children require support. In addition to this schools may be informed at any other point by a parent or health professional if a child is newly diagnosed with a health condition.



Please see sample flowchart below from the **Supporting pupils with medical conditions guidance**



Appendix G: Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number **01256 461795** (School number)
2. your name
3. your location as follows –

Kempshott Infant School, Old Down Close, Basingstoke.

Postcode is (**RG22 5LL**) – please note that postcodes for satellite navigation systems may differ from the postal code

4. provide the exact location of the patient within the school setting
5. provide the name of the child and a brief description of their symptoms
6. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient